## DEPARTMENT OF CHILDREN AND FAMILIES AFFIRMATIVE ACTION DIVISION

## EXIT SURVEY



The following questions are asked of all employees upon their separation from the Department of Children and Families in order that they might express their opinion of employment with our Department. This information will be helpful in assessing such factors as training, working conditions, and job satisfaction so that future employment conditions can be changed as necessary. As this information will be held in <a href="strict confidence">strict confidence</a>, your candid responses will be greatly appreciated.

Please send completed questionnaire to:

DEPARTMENT OF CHILDREN AND FAMILIES AFFIRMATIVE ACTION DIVISION 505 HUDSON STREET HARTFORD, CONNECTICUT 06106 (860) 550-6356

A voluntary, confidential <u>exit interview</u> is available and is encouraged by the Affirmative Action Division to separating employees who would like to provide additional feedback on their work experience/reasons for separation from the Department. Please call or write the Affirmative Action Division listed above.

## DEPARTMENT OF CHILDREN AND FAMILIES AFFIRMATIVE ACTION DIVISION

## **EXIT SURVEY**

|    | ction I  |  |  |  |  |
|----|--|--|--|--|--|
| 1. | Name (   | optional)  |  |  |  |
| 2. | Official Job Title                             |  |  |  |  |
| 3. | Race   |  |  |  |  |
| 4. | Sex  |  |  |  |  |
| 5. | Length of State Employment                     |  |  |  |  |
| 6. | Length of DCF Employment                       |  |  |  |  |
| 7. | Current DCF Work Location & Unit Assignment    |  |  |  |  |
| 8. | Current Supervisor                             |  |  |  |  |
| 9. | Did you  | a receive an orientation? What kind of orientation?  |  |  |  |
| Se | ction II—                                      | -Reason(s) for Leaving DCF   |  |  |  |
| Ch | eck thos                                       | e that apply:  |  |  |  |
|    |  | ion pursuit  |  |  |  |
| 2. | Matern   | ity or child care responsibilities   |  |  |  |
| 3. | Change in residence                            |  |  |  |  |
| 4. | Retriement                                     |  |  |  |  |
| 5. | Health reasons                                 |  |  |  |  |
| 6. | New Jo   | New Job  |  |  |  |
| 7. | New Job_ Working conditions—issues concerning: |  |  |  |  |
|    | a)   | Job-related stress   |  |  |  |
|    | b)   | Job content Job expectations vs actual job (i.e. wanted a part-time position not available)    |  |  |  |
|    | c)   |  |  |  |  |
|    | d)   | Work Schedules   |  |  |  |
|    | e)   | Workload   |  |  |  |
|    | f)   | Lack of promotional opportunities  |  |  |  |
|    | g)   | Salaries/benefits  |  |  |  |
|    | h)   | I raining or lack of training  |  |  |  |
|    | i)   | Quality of supervision   |  |  |  |
|    | j)   | Lack of access to supervisor   |  |  |  |
|    | k)   | Fair and equal treatment by management   |  |  |  |
|    | 1)   | Fairness in disciplinary matters   |  |  |  |
|    | m)   | Lack of communication of Department programs, philosophy, or goals                             |  |  |  |
|    | n)   | Lack of opportunities to present ideas to management   |  |  |  |
|    | o)<br>p)                                       | Communication of Department's personnel policies and practicesOther (ie. Work environment was) |  |  |  |
|    |  |  |  |  |  |

| Section | <u>1 III</u>  |               |
|---------|---|---------------|
| 1.      | Have you accepted another position within State service? Yes          | No            |
|         | 16  |               |
| 2.      | Have you accepted another position outside of State service? Yes      | No            |
| 3.      | If you have accepted another position will you be performing the same | type of work? |
|         | Yes No Type of work:  |               |
|         |   |               |
| Section | 1 IV – Anything else you would like to add:                           |               |
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